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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEB 23 2004

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In re Application of:  
EDWARD J. PETRUS) Examiner: Rachel L. Porter  
)  
)

Serial No. 09/444,660

) Group Art Unit: 2166  
)  
)

Filed: November 22, 1999

For: DIETARY SUPPLEMENT SELECTOR AND METHOD


Assistant Commissioner for Patents  
Washington, DC 20231PETITION TO MAKE SPECIAL

The Appellant in the above styled application, petitions the Commissioner under § 708.02 to make special due to the applicant's age. No fee is required for such a petition. The Appeal (Appeal No. 2003-2002) was received by the Board of Patent Appeals and Interferences on August 6, 2003. The Appeal Brief was filed on April 4, 2003, and Reply Brief on July 8, 2003. In support of the Appellant/Applicant's age a copy of his birth certificate and Honorable Discharge from Service in the United States Army is attached.

Conclusion

It is the Applicant's belief that a Petition to the Commissioner under 37 CFR § 1.102(c) to Make Special due to the Appellant's age is appropriate. It is therefore petitioned that relief be granted under 37 CFR § 1.102(c), that an expedited Appeal be granted.

Respectfully submitted,

  
 Edward J. Petrus, M.D.  
 3413 Spanish Oak Dr.  
 Austin, Texas 78731  
 Tel: (512)-454-6500  
 Fax: (512)-453-0066  
 February 23, 2004

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 BOARD OF PATENT APPEALS AND INTERFERENCES  
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Reg. No. 90660

**DIVISION OF VITAL STATISTICS  
BUREAU OF HEALTH  
CITY OF TRENTON  
NEW JERSEY**

**Certificate of Birth Registration**



THE FOUNDATION OF OUR NATION

This Certifies that,

deceased bearing the name of

Edward Joseph Petrus, Jr.

was born on

Nov. 6, 1939

at Trenton, N.J.

Name of father

Edward Petrus

Name of mother

Anne Pagodin

Name of attending physician

John A. Kinzel, M.D.

Date of birth

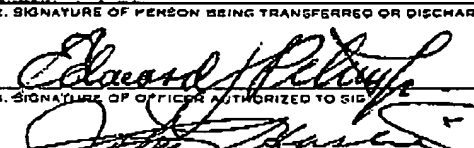
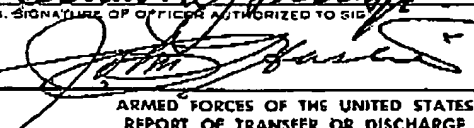
11-9-39

Date of death

11-9-39

REGISTRAR OF VITAL STATISTICS

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>PETRUS EDWARD JOSEPH JR</b>		2. SERVICE NUMBER <b>05 718 872</b>		3. SOCIAL SECURITY NUMBER <b>156   28   6308</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY-USAR-MC</b>		50. GRADE, RATE OR RANK <b>CPT (See 30)</b>		6. DATE OF RANK <b>23 Aug 67</b>		
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Trenton New Jersey</b>		9. DATE OF BIRTH <b>6 Nov 39</b>		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>28 30 39 466</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>Local Board #30 Trenton New Jersey</b>		c. DATE INDUCTED <b>NA</b>		
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Relieved from Active Duty</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Fort Lewis Washington</b>				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>Expiration of Active Duty Commitment</b>		d. EFFECTIVE DATE <b>22 Aug 69</b>		e. TYPE OF CERTIFICATE ISSUED <b>NONE</b>		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>AFES Spokane Washington</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>		15. REENLISTMENT CODE <b>NA</b>		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAR CONTROL GROUP (REINFORCEMENT) USAAC ST LOUIS, MISSOURI 63132</b>		16. DATE OF ENTRY <b>NA 23 Aug 67</b>				
	17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Mar Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER <b>Ordered to AD from USAR</b>		b. TERM OF SERVICE (Years) <b>NA</b>				
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS <b>NA</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>CAPTAIN</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Trenton New Jersey</b>		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>27 Bonnie Rae Drive Trenton New Jersey 08620</b>		22. STATEMENT OF SERVICE		YEARS MONTHS DAYS		
	23a. SPECIALTY NUMBER & TITLE <b>D3128 Neurology</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		c. CREDITABLE FOR BASIC PAY PURPOSES		
					1. NET SERVICE THIS PERIOD <b>2 0 0</b>		
					2. OTHER SERVICE <b>5 1 29</b>		
					3. TOTAL (LINE (1) plus Line (2)) <b>7 1 29</b>		
				d. TOTAL ACTIVE SERVICE <b>2 0 0</b>			
				e. FOREIGN AND/OR SEA SERVICE <b>NONE</b>			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM</b>							
25. EDUCATION AND TRAINING COMPLETED <b>Army Medical Service Officer Basic Course</b>							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Pending Two Years) <b>NA</b>		b. DAYS ACCRUED LEAVE PAID <b>33</b>		27a. INSURANCE IN FORCE (NSU or USGU) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	28. VA CLAIM NUMBER <b>NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>		
REMARKS	30. REMARKS <b>CIVILIAN EDUCATION: 9 Years College, MD Degree in Medicine BLOOD GROUP: O Positive Item 5a: Temp CPT AUS, aptd 23 Aug 67; Perm 1LT USAR, aptd 13 Jun 67</b>						
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Same as Item #21</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 			
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>JOHN L HASTIE MAJ INF ASST ADJUTANT</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 			

DD FORM 214

PREVIOUS EDITIONS OF THIS FORM  
ARE OBSOLETE EFFECTIVE 1 JAN 67.ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

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DATE: 2/23/2004

NO. OF PAGES (including cover) 4

TO: OFFICE OF PETITIONS

FROM: \_\_\_\_\_

FAX NO. 703-872-9306

MESSAGE: ATTACHED IS A PETITION TO MAKE SPECIAL FOR  
AN APPLICATION THAT IS CURRENTLY BEFORE THE BOARD  
OF PATENT APPEALS AND INTERFERENCE. YOUR RESPONSE  
WILL BE APPRECIATED

*[Signature]*

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